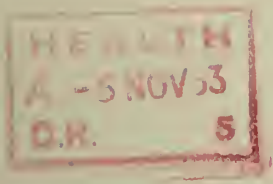


*Library*

CREWKERNE URBAN DISTRICT COUNCIL

---



ANNUAL REPORT  
of  
THE MEDICAL OFFICER OF HEALTH  
For the year ended 31st December, 1952

---

PUBLIC HEALTH OFFICERS.-

Medical Officer of Health

Dr. A.M. McCall

M.R.C.S., L.R.C.P., D.P.H.

Sanitary Inspectors

L.J. Cottrell, M.S.I. to February, 1952  
A.C.N. Gully, M.S.I. from April, 1952



To the Chairman and Councillors of the Crewkerne Urban District Council.

Gentlemen,

I beg to submit my report for the year 1952.

The health of the town was good and there was no serious epidemic, in fact only 26 cases of infectious disease were notified during the twelve months. However, as I have mentioned in the appropriate section there is no place for complacency and parents should continue to treat infectious conditions with respect. Some are frequently guilty of sending their children to school or to social gatherings when they are obviously not well. Sometimes it is a heavy cold or towards the end of measles or whooping cough. Their own offspring may not feel too bad, but some of the children with whom they come in contact possibly have a lower resistance. They become ill and lose weeks of schooling and maybe infect wage earning members of their families. A little forethought in these matters would save the community a great deal of unnecessary illness.

The work at the Clinic increased in volume. Although it has only been in existence about eighteen months it has already proved to be of immense value to Crewkerne. It is an excellent proof that it is not always necessary to build new clinics. The skilful adaption of an existing building often works very well and is far less expensive.

At last I am able to report that a Dental Surgeon has been appointed to this area for the school children.

In April we were fortunate in securing Mr. Gully as our new Sanitary Inspector. His conscientious approach to his work has already raised the standard of the Public Health Services of Crewkerne and is in no small way responsible for this satisfactory year's work.

I am,

Mr. Chairman and Gentlemen,

Your obedient Servant,

A.M. McCall

Medical Officer of Health



Digitized by the Internet Archive  
in 2017 with funding from  
Wellcome Library

<https://archive.org/details/b29128158>

## SECTION A

### Statistics and Social Conditions of the Area

#### Population

The Registrar General gives the estimated mid year population for 1952 as 3,953 a slight increase on last year. In Appendix A, Table 1 are shown the general statistics for the town.

#### Birth Rate

The Birth Rate for the year was 14.4 per thousand and this is slightly below the figure of 15.3 per thousand for England and Wales and 15.3 for 1951. When the comparability factor of 1.09 is taken into account (that is the figure which allows for the difference in age and sex in the make-up of the population) the figure of 15.7 per 1,000 for Crewkerne is satisfactory. Full details are shown in Appendix A, Table 11.

#### Death Rate

The Death Rate for the year was 9.36 per thousand. This is much lower than the 14.5 for 1951. The chief causes of death are shown in Appendix A, Table 111. Heart disease was responsible for a third of all deaths and half the total male deaths.

#### Infant Mortality

There was one case of infant mortality in the year due to congenital malformation.

#### Maternal Mortality

Once again I am able to report that no cases of maternal mortality occurred in Crewkerne during the year.

#### Social Services

The Old Folks Club continues to flourish and there was an improved membership. The success of this club reflects great credit on the committee and their energetic secretary, Miss Burrows. Other social services remain unchanged.

## SECTION B

### The General Provision of Health Services in the Area

There was only one small change in the health services of the area during the year and that was the introduction of a Minor Ailments Clinic in Church Street. The administration worked smoothly and there were no major difficulties whatsoever. The County Council as local health authority defines policy and the local details are left to the area officers to carry into effect. This is a system which works satisfactorily in Crewkerne.

#### Care of Mothers and Young Children: Infant Welfare Clinics

The new Public Health Clinic which opened in Church Street last year has been in constant use. It has proved to be extremely popular and although open such a short time is already barely large enough to cope with the numbers attending on Clinic days. It is hoped that the large storage shed at the rear of the building will



be converted into a toddlers room when money becomes available from County sources. This will very healthy relieve congestion in the present waiting room.

Clinics were held twice a month throughout the year and 1014 children attended. A doctor was present at every session and was consulted on 112 occasions, in addition 69 were vaccinated and about 60 immunised. It is very pleasing to note that the Clinic is used by a very broad cross section of the community. In the old days there was a general feeling that the child welfare clinic was for the lower income groups only. Happily this idea is no longer universally held and the clinic is supported by all.

The health of the children has been very good and this is due to the high standard of hygiene maintained by mothers attending the clinics and to the excellent advice and supervision of the District Nurses. The Clinic Committee and their energetic Secretary, Mrs. Smith, are to be congratulated on their successful years' work.

#### Ante Natal Clinic

I reported last year that the District Nurses began to hold an ante natal clinic twice per month in the new premises. In February I started to attend on the first Tuesday of each month for the purpose of taking blood samples for submission to the Area Laboratory at Taunton. These samples are examined as a routine for Wasserman, Kahn Rhesus and haemoglobin tests. All general medical practitioners in the area were asked to make use of this service and a copy of the report is sent to the appropriate one in every instance. This proved to be a great help not only to the doctors but also to the residents of Crewkerne who previously had to travel to Yeovil. In the eleven months 66 patients attended; this is a very encouraging start.

#### Domiciliary Midwifery

The District Nurses continued to attend expectant and nursing mothers in their own homes with the private practitioner supervising the case. The standard of their work was consistently high and as I previously stated there was no case of maternal death in the town during period under review.

#### Health Visiting

The District Nurses carry out health visiting in addition to their other duties. This entails their attendance at all school medical inspections, following up all defects noted and the visiting and supervision of any special cases. A special Health Visitor for T.B. patients also works in Crewkerne. She attends the out-patient sessions at the Sanatorium and is in constant contact with the Area Chest Physician. Her help has been invaluable in following up the contacts of new cases and her advice is always sought when the question of these patients being re-housed is being considered.

#### Home Nursing

The District Nurses visit the homes to carry out any nursing duties required by the general practitioners. Last year I reminded the residents of Crewkerne of the enormous amount of work these two nurses do in a year and I think we owe them a debt of gratitude for their unselfish work in 1952. They made 5,591 visits to houses during that time.

### Immunisation

The scheme for the routine immunisation of all children continued during the year. General practitioners do a number of their own patients, mainly of pre-school age. I myself carried out immunisations at the clinic and in the schools. Although the stress in recent years has been on the immunisation against diphtheria there is no doubt that parents are just as anxious for their children to avoid whooping cough if possible. It is also undoubted that immunisation against this disease is valuable. With this in mind I have been using a combined vaccine at the clinic against whooping cough and diphtheria and 55 children, infants, were so inoculated. In addition, for the convenience of travellers, I have inoculated against typhoid and cholera when required. Patients requiring inoculation against yellow fever have to go to Bristol or London as we are unable to keep this type of prophylactic under the required conditions.

### Vaccination

During the year I continued to stress the value of vaccination and I am pleased to say that the numbers of infants vaccinated at the clinic has shown yet a further increase. Still the number of unvaccinated persons is very high and to be deplored.

### Home Help Service

The County Home Help Service, so valuable in times of confinement, illness and old age, is well established in this area and has worked smoothly when required. This service commenced in 1949 following the passing of the National Health Service Act.

### School Medical Service

Under the present system school children are given a full medical inspection on entering the infants' school, on transfer from the junior school to the senior school and on leaving school. If any defect is discovered at these examinations then the child is seen at every subsequent inspection until the defect has been remedied. In addition any special cases referred either by the private doctor, the parents or the teachers, are similarly dealt with. For this purpose I attend each junior school once per school year and attend the secondary modern twice, once in the winter term and once in the summer term. Full details are shown in Appendix B, Table 1. Very few serious defects were found and the health of the children is good.

In addition to the normal physical inspection for children, I am the Medical Officer in the area approved by the Ministry of Education for the ascertainment of educationally sub normal pupils. When a child fails to make normal progress in school and appears to be two or more years behind average attainment I make a special mental examination with a view to getting an exact idea of their Intelligence Quotient. Following this examination I can advise the Education Committee on the best method of dealing with the child, be it by special methods in the present school, in a special school or in extreme cases they may be found to be ineducable. These reports are considered by a special education sub-committee who then finally decide where a child shall be placed so that it can gain most value from the educational system.

### Minor Ailments Clinic

In February I began to hold minor ailments clinics in Church Street. No definite time was set aside for these as it was considered unnecessary in a small town like this to hold them regularly but all defects which can be dealt with at such a clinic were



noted at school medical inspection and they were dealt with by me subsequently. In addition if head teachers require any advice or minor treatments for their children these are arranged with the school and in this way long delays in busy doctors surgeries are obviated. There were 38 attendances during the year.

### Dental Service

For many years now I have been reporting the most unsatisfactory part of the health service, namely the school dental service. Fortunately the County were able to secure the services of a dental officer for the Crewkerne area towards the end of the year and he has been working at top pressure in schools trying to make up the lea way of many years when there was no regular dental inspection.

### Orthopaedic Services

Following the opening of the new clinic I was able to persuade the County Council of the need for an orthopaedic clinic to be held in Crewkerne at regular intervals and I am pleased to say that one is now held once a month and has been extremely popular and well attended.

### Ophthalmic Services

The children in the County Council schools have their eyes examined by the school medical officer and any defects are referred to the special ophthalmologist who holds clinics for this area at Yeovil Hospital. In the majority of cases this worked very well but there are some children who, although provided with glasses and advised about the necessity of their being worn, fail to co-operate. Children are forgetful, they break their glasses or lose them. If the patients would instruct their children in the care of their spectacles and the need for their use the children would undoubtedly benefit and in this way the parents can give great assistance.

### Ambulance Service

The ambulance was used on 114 occasions, covering 1,648 miles. Mr. Sutton continues to organise and drive the ambulance and is mainly responsible for such a satisfactory years' work.

### National Assistance Act

In no case was it found necessary to apply to the Court for an order of removal.

## SECTION C

### Prevalence and control over infectious Diseases and other Diseases

Summary of notifications will be found in Appendix C, Table 1.

1952 was a very satisfactory year as far as infections go in Crewkerne. Only 26 cases were notified, 16 of which were Scarlet Fever. There was a slight increase in the number of cases of Puerperal Pyrexia but this is easily accounted for by the fact that the rules governing the notification of this disease were amended.



There is a tendency for parents to treat infectious diseases rather too lightly these days. This complacency is undoubtedly due to the introduction and use of new drugs which do of course cure infections more rapidly but nevertheless do not do away with the need for the strict observance of the rules governing isolation of patient and contacts. Sometimes parents do not even trouble to consult their doctor in an effort to avoid these restrictions. These anti-social habits should cease and wherever a child is suspected of having an infectious disease the general practitioner should always be consulted and his directions be faithfully carried out. In this way we would have even fewer cases.

There was one case of Infantile Paralysis. This was a small child who contracted the disease in Sussex and was taken ill in a local hotel while on holiday. Fortunately she made a very satisfactory recovery at South Petherton Hospital and there was no disability.

## SECTION D

### Environmental Health Services

#### A. Sanitary Circumstances

Climatic conditions. The weather was again extremely wet during the year but there was slightly more sun than in the previous one. However, there was no flooding in the area.

Water Supply The supply proved adequate throughout the year. Routine sampling was carried out and full details of the results can be found in Appendix D, Table 1. There are 1,267 houses on the main supply, 123 are still supplied by stand pipes and 14 houses depend on wells for their water. Two houses substituted a piped supply for well water during the year.

Drainage and Sewage There was no change in the sewage disposal system. The alternative scheme put forward which was intended to divert the larger flow to the northern outfall works proved to be impracticable and consulting engineers are at the moment looking into the possibility of improving the southern outfall works.

Public Cleansing and Refuse Collection Weekly removal of refuse from each house is carried out by direct labour. The roads have been kept clean throughout the year and this is frequently noticed by passing visitors.

Paper salvage and the collection of pig swill continued and was a helpful source of revenue.

Rodent Destruction Routine enquiries, inspections and treatments were carried out by the Council's Rodent Operator throughout the year. The latest methods of pest extermination have been used with very great success and I am pleased to say that no heavy infestation has been reported for some time now.

Factory Acts Statistics will be found in Appendix D, Table 2.

Housing Reference to Appendix D, Table 3 will show the progress made during the year. It will be seen that a total of 16 houses were completed and four are in course of erection. There are now 1,304 houses in the district of which the local authority owns 237. At the end of the year there was 127 applications for council houses. In addition possibly 10% of houses in the district are unfit but no formal action has been taken on any of these.

This gives some idea of the town's requirements in the coming year.

#### Inspection and Supervision of Food

Milk There are 5 registered distributors in the area and 5 dairy premises.

Ice Cream There are no premises registered for the manufacture and retail of ice cream. Twenty are registered for the retail of pre-packed products. Samples taken during the year all fell into the highest categories which was extremely satisfactory.

Meat There is one slaughter house in the town in use under the Ministry of Food. 24,566 animals were slaughtered there, a reduction on last year. Regular meat inspections were carried out by the sanitary Inspector and the approximate weight of meat condemned was, for Tuberculosis 2,712 lbs., for other diseases 14,008 lbs.

There are no knackers yards in the Urban District.

The Council adopted Byelaws under Section 15 of the Food & Drugs Act of 1938. These govern the handling and wrapping of food and came into operation on 27th February, 1950. No statutory action was taken under the Act but routine inspection of shops was carried out.

APPENDIX A    TABLE I

Registrar General's Estimate of population mid 1952	...	...	...	3,953
Area	...	...	...	1,291 acres
Number of inhabited houses at the end of 1952 according to the Rate Book	...			1,298
Rateable Value	...	...	...	£22,917
Sum represented by a penny rate	...			£90

APPENDIX A    TABLE II

BIRTH RATE		M	F
Live Births	Total	27	30
	Legitimate	27	28
	Illegitimate	-	2
Still Births	Total	-	-
Deaths of infants under 1 year	Total	1	-
	Legitimate	1	-
	Illegitimate	-	-
Birth Rate	14.4 per thousand	Comparability Factor	1.09

APPENDIX A    TABLE III

TABLE OF DEATHS	Total	M	F
	37	16	21
Death Rate	9.36	Comparability Factor	0.84
<u>Causes of Death</u>	Total	M	F
Heart Disease	12	8	4
Other Diseases of the Circulatory System	10	3	7
Cancer, all forms	3	1	2
Respiratory Diseases	3	1	2
Ulcer of Stomach and Duodenum	1	-	1
Congenital Malformation	1	1	-
Other Diseases (Ill defined)	7	2	5

APPENDIX B    TABLE I

<u>Name of School</u>	<u>No.on Roll</u>	<u>No.In- spected</u>	<u>No. Im- munised</u>	<u>Date of inspec- tion</u>	<u>Date of last in- spection</u>	<u>Chldrn. having milk</u>	<u>Chldrn. having dinner</u>
Crewkerne Boys'	105	37	-	20.3.52	21.11.52	97.14%	47.62%
Crewkerne Girls'	85	36	14	12.3.52	20.11.52	87.06%	23.45%
Crewkerne Grammar	162 164	44 45	22	22.5.52 3.12.52	Not done	87.33% 84.74%	87.49% 91.46%
Crewkerne Infants'	146	104		22.10.52	19.11.52	75.34%	21.91%
Crewkerne Secondary Modern	250 291	61 84		30. 6.52 27.11.52	12.12.52	48% 41.24%	36% 32.64%



# APPENDIX C    TABLE I

## Infectious Diseases

Measles	1
Scarlet Fever	16
Puerperal Pyrexia	5
Whooping Cough	3
Acute Poliomyelitis	1
Pulmonary Tuberculosis	3

## ANALYSIS OF CASES NOTIFIED

Under	1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+
Measles							1					
Scarlet Fever			1	2	2	11						
Puerperal Pyrexia								1	2	2		
Whooping Cough					1	2						
Poliomyelitis						1						

## TUBERCULOSIS

Age Group	<u>New Cases</u>				<u>Deaths</u>			
	<u>Respiratory</u>		<u>Non-Respiratory</u>		<u>Respiratory</u>		<u>Non-Respiratory</u>	
	M	F	M	F	M	F	M	F
-1								
1 -5								
5 -15								
15-25		1						
25-35		1						
35-45		1						
45-55								
55-65								
65+								
Totals	-	3	-	-	-	-	-	-

APPENDIX D    TABLE I

Water Supply

Piped Supplies - results of samples taken for analysis:

<u>Raw Water</u>				<u>Treated after going into supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
10	5	2	-	5	-	-	-

Water Supplies from public mains:

<u>Direct to the Houses</u>		<u>By means of Standpipes</u>	
No. of Dwelling- houses	Population	No. of Dwelling- houses	Population
1,267	3,889	23	33

APPENDIX D    TABLE I

Factories Act 1937

Inspection for the purpose of provisions as to Health  
(including Inspections made by the Sanitary Inspector)

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Section 1, 2, 3, 4, and 6, are to be enforced by Local Authorities	8	8	-	-
Factories not included in (i) in which Section 7 is enforced by the Local Authority	38	21	-	-
Total	46	29	-	-

Cases in which defects were found	...	...	3
Cases in which defects found were remedied	...	...	3

Outwork

No of outworkers in August List  
required by Section 110

...    ...    75  
(making wearing apparel)

Housing

	Houses erected during the year	Houses in course of erection	Conversion to Flats or Dwellings	Temporary such as Army Huts, etc.
--	--------------------------------	------------------------------	----------------------------------	-----------------------------------

	Perm.	Temp.	Perm.	Temp.	Perm.	Term.	Perm.	Temp.
Local Authority	10	-	-	-	-	-	-	-
Private Enterprise	6	-	4	-	1	-	-	-
Totals	16	-	4	-	1	-	-	-

Inclusive of those above built during the year.

Total number of houses in District	...	1,304
" " " " owned by Local Authority	...	237

No. of Post War Houses erected to 31st December, 1952

Programme for 1953

By Local Authority	By Private Enterprise	By Local Authority	By Private Enterprise
110	16	36	7

(a) No. of unfit houses in the District but on which no formal action has been taken	...	...	10%
(b) No. of houses that have been condemned under the Housing Acts as totally unfit	...	...	Nil
(c) No. of houses occupied under (a)	...	...	130
(d) No. of houses occupied under (b)	...	...	-
(e) No. of houses found overcrowded	...	...	Unknown

Houses required

(i) To replace those unfit under (a)	...	130
(ii) To replace those unfit under (b)	...	-
(iii) To overcome unsatisfactory conditions, e.g. two families living in same house but not included in (i) or (ii)		Unknown

Total number of applicants for Council Houses at the end of the year	127
--	-----

